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PTO/SB/17 (10-02)

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FEE TRANSMITTAL for FY 2003

Patient fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	370.00
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METHOD OF PAYMENT (check all that apply)	Fee Calculation (continued)
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None	Complete If Known
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<input checked="" type="checkbox"/> Deposit Account	Application Number 09/893,209
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<input type="checkbox"/> Deposit Account Number 50-0337	Filing Date September 19, 2001
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<input type="checkbox"/> Deposit Account Name Fulbright & Jaworski LLP	First Named Inventor KIM, SONG
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<input checked="" type="checkbox"/> The Commissioner is hereby authorized to: (check all that apply)	Examiner Name Trinh T. Nguyen
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments	Group Art Unit 3726
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application	Attorney Docket No. 7091-103N1
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<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	Fee Description
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FEE CALCULATION	3. ADDITIONAL FEES
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1. BASIC FILING FEE	Large Entity Small Entity
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Large Entity	Small Entity
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Fee Code (\$)	Fee Code (\$)
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Fee Description	Fee Paid
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1001 740 2001 370 Utility filing fee	
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1002 330 2002 165 Design filing fee	
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1003 610 2003 255 Plant filing fee	
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1004 740 2004 370 Reissue filing fee	
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1005 160 2005 80 Provisional filing fee	
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SUBTOTAL (1) (\$)	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	Fee Description
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Extra Claims	Fee from below
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Total Claims	=
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Independent Claims	=
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Multiple Dependant	=
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Fee Code (\$)	Fee Description
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1202 18 2202 9 Claims in excess of 20	
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1201 84 2201 42 Independent claims in excess of 3	
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1203 280 2203 140 Multiple dependent claim, if not paid	
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1204 84 2204 42 -- Reissue independent claims over original patent	
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1205 18 2205 9 -- Reissue claims in excess of 20 and over original patent	
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SUBTOTAL (2) (\$)	
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** or number previously paid, if greater. For Reissues, see above

Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$)
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370.00

Complete If Applicable	
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SUBMITTED BY	Registration No. (Attorney/Agent) 20,121
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Name (Print/Type) Robert Berliner, Esq.	Telephone (213) 892-9200
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Signature	Date November 8, 2002
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